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SERIAL NUMBE 10/768,728	:R	FILING OR 371(c)	Ċ	CLASS 600	GROUP ART U 3762		UNIT	ATTORNEY DOCKET NO.	
APPLICANTS Moises Cald	eron,	Huixguilucan, MEXICO;							
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** FOREIGN APPL	ICATI	IONS ************							
IF REQUIRED, FOI 06/16/2004	REIGI	N FILING LICENSE GR	ANTED *	* ** SMALL EN	YTITY	**			
Foreign Priority claimed			r tials	STATE OR COUNTRY MEXICO				TAL NMS 9	INDEPENDENT CLAIMS 4
ADDRESS Innovamedica S.A. Cantil #175 Casa 4 Pedregal, Alvaro Ol Mexico, DF, 01900 MEXICO	, Col.	Jardines Del	Al	R MAIL					
TITLE Low flow atrial-arter	rial sh	unt for pump-assisted m	nyocardial	l revascularizati	ion with	out cardi	opulmor	nary byp	oass
FILING FEE RECEIVED No to charge/credit DEPOSIT ACCOUNT No for following:					All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit				